

COMHELTACWINGPAC
H-3 PR MAINTENANCE TECHNICIAN
OJT SYLLABUS

Name: _____ **Rate:** _____

1. Prerequisite to final certification is supervisor confidence gained through satisfactory task performance. Satisfactory task performance shall be monitored and documented on the individual's OJT syllabus.
2. Qualification entries will be made when an individual is considered fully qualified to perform tasks without supervision. Work center supervisors have qualification certification authority.
3. Qualification, once achieved, is considered current until:
 - a. qualification is removed for cause by command
 - b. individual transfers to another unit.
4. Entries shall have the qualifier's initials and dates; at no time will vertical lines be used between initials and dates. The work center supervisor's initials and dates are mandatory.
5. This syllabus is used to document OJT leading to job task qualification by the work center supervisor. OJT events shall be documented for all related tasks until the trainee is qualified. The work center supervisor may sign off qualification when satisfied the trainee is fully qualified to perform tasks without supervision. This may be accomplished after only one OJT event or it may require many; the decision rests with the work center supervisor. This OJT syllabus is to be maintained in a centralized location accessible to the trainee at all times. Once completed, this form will be filed on the Right Side, Section 3, of the Qualification/Certification Record. When designated as a CDI, CDQAR, or QAR, this form will be filed in the Certification/Designation section of the Qualification/Certification Record (Left Side) behind the Designation form.
6. The work center supervisor is responsible and accountable for reviewing any member's previous OJT. The work center LPO may conduct a proficiency review with the member. Signature of work center LPO below states that all previous OJT Skill Certifications were reviewed.

Legible Signature of Work Center LPO: _____
Date: _____

OJT/Instructor/Supervisor Sign off Key (print name then sign your initials):

Name: _____	Initials: ____	Name: _____	Initials: ____
Name: _____	Initials: ____	Name: _____	Initials: ____
Name: _____	Initials: ____	Name: _____	Initials: ____

OJT TASK:	QUALIFIER	DATE	SUPERVISOR	DATE
Perform the following tasks:				
Perform 90 Day flight gear Inspection				
Perform 180 day flight gear Inspection				
Perform 360 day flight gear Inspection				
Perform Acceptance/transfer Inspection				
Perform Place in service Inspection				
Flight Gear preservation				
Flight Gear depreservation				
Discuss SV-2B survival vest				
Discuss SPH-3C/MGU-84 helmet				
Perform 30 Day A/C Inspection				
Perform 90 Day A/C Inspection				
Perform 182 Day A/C Inspection				
Perform 224 day A/C Inspection				
Discuss fire extinguisher operation				
Inspect fire extinguisher system				
Remove/Install thermal discharge indicator				
Discuss safety precautions				
Remove/Install portable fire extinguisher				
Discuss portable fire extinguisher				
Inspect for hydrostatic date				
Verify SEATS program with NALCOMIS				
Update ALSS records				
Update A/C records				
Verify A/C installed ALSS with A/C log books				
Demonstrate proficiency in the following:				
NAMDRP reports: Submission				
NAMDRP reports; Tracking				
Maintenance Data Systems				
ALSS Technical Directive Compliance/Documentation				